

Mar. 9. 2007 11:49AM


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2007 8:00 am Secretary of State

03-22-2007 90009 007 ****61.25

DOCUMENT # 741171

1. Filing Name
FLANCO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3701 NORTH COUNTRY CLUB DRIVE
AVENTURA, FL 33180**

Mailing Address
**3701 NORTH COUNTRY CLUB DRIVE
AVENTURA, FL 33180**

60027170



03092007 Chg-NP CR2E37 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. F-I Number
59-2072493

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FLANCO CONDOMINIUM ASSOC, INC.
3701 N COUNTRY CLUB DR
MIAMI, FL 33180**

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable)

City **FL** / Zip Code:

8. I, the above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reclosing)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SID, SHERMAN 3701 N COUNTRY CLUB DR #2107 AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAIGE, KAREN 3701 N COUNTRY CLUB DR #1409 AVENTURA, FL 33180	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROFFMAN, ALLEN D 3731 N COUNTRY CLUB DR #2128 AVENTURA, FL 33180	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVERSTEIN, DAVID 3731 N COUNTRY CLUB DR AVENTURA, FL 33180	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <i>ovadia Simha</i> 3701 N COUNTRY CLUB DR AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAIT, LORRAINE 3701 N COUNTRY CLUB DR AVENTURA, FL 33180	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILL BEILEY 3731 N-Country Club Dr. #1826 Aventura, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other law empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/107 305-931-1225
Date (Month/Year) Phone #